

## Baird Fights to Prevent and Treat "Meth Mouth" (July 26, 2007)

Washington, D.C. - Communities throughout the United States have been affected by the methamphetamine epidemic. Yet, an often overlooked and unforeseen consequence of methamphetamine use is **meth mouth**. In areas where people have regular access to meth, a distinct and often severe pattern of tooth decay is becoming more and more prominent.

To help bring more attention to the condition, Congressman Brian Baird (WA-03), co-founder and former co-chair of the Congressional Methamphetamine Caucus, has co-authored the Meth Mouth Correctional Costs and Reentry Support Act and the Meth Mouth Prevention and Community Recovery Act.

As a clinical psychologist working with meth addicts, I learned first hand the destructive nature of this drug, and in particular how it can ravage a user's body, said Congressman Baird. Meth mouth destroys and disfigures people's teeth and gums, can lead to a whole host of other illnesses, and prevents their ability to find a job or develop social relationships. This is particularly true in our nation's correctional facilities where the burden is placed on local, county, and state prisons that are forced to divert funds to treat inmates suffering from meth mouth.

By some accounts, 40 percent of dental spending in prisons goes towards treating meth-ravaged teeth. It is estimated that at the Washington State Department of Corrections, \$5 million of their \$12 million annual inmate dental budget goes toward patients with meth mouth. For 60 percent of inmates, one year after release from prison they remain unemployed; this is undoubtedly higher for those with meth mouth. By reducing recidivism rates and assisting reentry for these prisoners, millions of dollars can be saved on future correctional costs.

Not only is there a lack of knowledge and understanding about this devastating condition, our prisons' budgets are being hammered to the point that we can't meet basic dental care needs let alone the special care required for meth mouth patients, said Dr. Keith Collins, DMD, a private practitioner and dental health advocate in Vancouver, WA. Furthering compounding the problem is the stigma associated with meth mouth. For those trying to re-enter society, meth mouth compromises their ability to find a job, find decent housing, or from forming interpersonal relationships. By simply removing the stigma of meth mouth, we are helping prisoners rehabilitate and reduce rates of recidivism. These bills are a tremendous opportunity to give people a chance to reenter society and get their lives back on track.

Specifically, the Meth Mouth Correctional Costs and Reentry Support Act and the Meth Mouth Prevention and Community Recovery Act would:

- Examine how meth mouth affects delivery of dental care in correctional facilities, and whether programs to address meth mouth are effective;
- Provide grants to local and state correctional facilities that have been disproportionately affected by meth mouth;
- Create re-entry programs addressing dental health to reduce rates of recidivism;

- Provide for a grant program to educate elementary and secondary school students about the oral health risks associated with methamphetamine use;
- Provide for enhanced research examining all aspects of methamphetamine-related tooth decay, including its causes, its public health impact, innovative models for prevention and new methods for treatment; and,
- Provide for enhanced training and technical assistance, to help dentists and allied dental personnel to better identify, interact with, and furnish safe and effective oral health care to methamphetamine dependent patients.

Little is known about the causes of meth mouth because few studies have been conducted about its prevalence, its physical effects, or the cost to the public," continued Congressman Baird. "It's clear that by educating people about the dangers of meth mouth and the health risks associated with the drug, we can help prevent first-time meth use and possible addiction,"

The legislation is supported by the American Dental Association and the American Correctional Association.

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